

AMENDED ALASKA CORPORATION NET INCOME TAX RETURN

DEPARTMENT USE ONLY					

Federal EIN		EIN used on original return, if different		For the tax year ended:	
Name				Telephone Number	
Mailing Address				Fax Number	
City	State	Zip Code	E-Mail Address		
Contact Person	Title			Contact Telephone Number	
Name used on original return, if different from above			Is the corporation currently under audit by the Alaska Department of Revenue?	YES	NO

Note: Complete Part III only to carry back net operating losses and net capital losses

PART I. ALASKA TAX SUMMARY

	(a) As originally reported or as adjusted	(b) Net change (Explain in Part II)	(c) Correct amount	DEPARTMENT USE ONLY
1. Apportionable income				
2. Alaska apportionment factor				
3. Alaska apportioned income				
4. Non-business income (loss)				
5. Alaska Items				
6. Alaska Income (Total of lines 3, 4, 5)				
7. Alaska net operating loss deduction				
8. Alaska Taxable Income				
9. Alaska Income Tax				
10. Other Taxes				
11. Federal-based credits				
12. Total Tax (Total of lines 9, 10, 11)				
13. Incentive Credits				
14. Alaska Education Credit				
15. Net Alaska income tax. (Total of lines 12, 13, 14)				
16. Net payments. (Total previous payments less total previous refunds, credits, penalties and interest)				
17. (a) If tax on line 15, column (c) is larger than net payments on line 16, enter tax due				
(b) Interest on amount on line 14(a) from ___/___/___ to ___/___/___				
(See instructions for interest rates)				
(c) Total amount due				
18. If prepayments on line 16 are larger than tax on line 15, column (c), enter overpayment				

ADDITIONAL REQUIRED INFORMATION. A complete copy of the federal amended return, if filed, must be provided to constitute a complete amended return.

I declare, under penalties of perjury, that an original return has been filed for this corporation and that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this amended return is true, correct, and complete. If prepared by a person other than the taxpayer, preparer's declaration is based on all information of which preparer has knowledge.

Officer's Signature	Date	Title	DEPT USE ONLY
Preparer's Signature	Date	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN	
Firm's name (or yours if self-employed) _____		EIN	
and address _____		Zip Code	

PART III. APPLICATION FOR TENTATIVE REFUND BASED ON CARRYBACK OF NET OPERATING LOSS OR CAPITAL LOSS

Name		Federal EIN		Telephone Number	
Mailing Address				Fax Number	
City	State	Zip Code	E-Mail Address		
Contact Person	Title			Contact Telephone Number	
Name used on original return, if different from above		Is the corporation currently under audit by the Alaska Department of Revenue?		YES	NO

- | | | |
|---------------------------------------|-----------------------|--|
| 1. This application is to carry back: | a. Net operating loss | |
| | b. Net capital loss | |
| 2. Loss year | Tax Year ended | |

DEPARTMENT USE ONLY		
FSN:	FSN:	FSN:

➡ Taxpayer Completes The Following: ➡

Computation of Decrease in Tax

3. Taxable income from tax return
4. Net capital loss deduction
5. Subtract line 4 from line 3
6. Net operating loss deduction after carryback
7. Taxable income. Subtract line 6 from line 5
8. Income Tax
9. Credits
10. Other taxes
11. Net income tax. Subtract line 9 from line 8
and add line 10
12. Net payments. (Total previous payments
less total previous refunds, credits, penalties
and interest)
13. Enter amounts from line 11, columns (b),
(d) and (f)
14. Net Overpayment. Subtract line 13 from line 12
15. Total refund claimed

[illegible]

I declare, under penalties of perjury, that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, preparer's declaration is based on all information of which preparer has knowledge.

Officer's Signature	Date	Title		CFWD
Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	REFUND
Firm's name (or yours if self-employed) _____ and address _____		EIN		APPROVED
		Zip Code		DATE

DEPT USE ONLY
Validation Number: